GENERA CO	ERA	F 1-1-1-1-0-1-1-6	09-1A 55-01991							
I. EPA I D. NUMBER  I. FACILITY NAME  Mobil Chemic  FACILITY  V. MAILING ADDRESS  PLEASE PLA	al	Ca	DOS. mpany iek,		If a preprinted label has be it in the designated space. F ation carefully; if any of it through it and enter the compropriate fill—in area belothe preprinted data is absended to fitte label space list that should appearl, please	en provided, affile teview the informatic fata in the property data in the provided to the area to the steep informatical in the informatical in the informatical in the informatical in the informatical informatica				
VI. FACILITY I 55 and Ars	ena		Road	Yo Niet, ID. 6043X	proper fill—in area(s) below complete and correct, you a least 1, III. V, and VI (emust be completed regard) items if no label has hear a the instructions for detaining and for the legal au which this data is collected.	v. If the label is ; need not complet xcept VI-B which ess). Complete all provided. Refer ***				
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.										
SPECIFIC QUESTIONS	YES	MAR	K 'X' FORM ATTACHED	SPECIFIC	QUESTIONS	YES NO FORM				
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?		X	ATTACHED	B. Does or will this facility include a concentrated	(either existing or proposed) animal feeding operation or on facility which results in a	X				
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	11	23		in A or B above/ which waters of the U.S.? (FOF	ty (other than those described in will result in a discharge to RM 2D)	X 25 26 27				
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)  G. Do you or will you inject at this facility any produced	w the lowermost stratum con- larter mile of the well bore, drinking water? (FORM 4)	X 23								
wester or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid									
T. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clear. Air Act and may affect or be located in an attainment area? (FORM 5)	sed stationary source which is dustrial categories listed in the will potentially emit 250 tons itant regulated under the Clean or be located in an attainment									
III. NAME OF FACILITY		1		area? (FORM 5)						
MOBIL CHEMICAL  IV. FACILITY CONTACT	C (	) <u>.</u>	PET	ROCHEMICA	<del></del>					
A. NAME & TITLE (last, fi	irst, &	tille	)		B. PHONE (area code & no.)					
NENANI N ENVIRONM	E	N T	A L	ENG 8 J	1 5 4 2 3 5 5 4 1					
A. STREET OR P.O.		1	1 1		US EPA RECORDS CEN	6.2				
B. CITY OR TOWN C.STATE D. ZIP CODE 486193										
VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER	SPEC	IFIC	IDENTIF	40   41   41   41   42   41   42   42   42	91)	MU				
5 I 5 5 & ARSENAL ROAD  B. COUNTY NAME										
WILL  C. CITY OR TOWN  O. STATE E. ZIP CODE F. COUNTY CODE										
5 JOLIET	1 1			I L 6 0 4	(if known)	<u>.</u>				
A Form 3510-1 (6-80)					CONT	INCH ON DEVI				

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Manufacture of Styrenics Plastic	D. FOURTH
(specify)	c (specify)
16 10	15,06 - 10
II. OPERATOR INFORMATION	B. Is the name listed in
A. NAME	Item VIII-A also the owner?
MOBIL CHEMICAL CO DIV O	F MOBIL OIL CORP X YES NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	Pecify)  A 8 1 5 4 2 3 5 5 4 1
E. STREET OR P.O. BOX	
O B O X 5 5 0	55
F. CITY OR TOWN	G.STATE H. ZIP CODE IX, INDIAN LAND
JOLIET,	1 L 6 0 4 3 4 See facility located on Indian lands?
EXISTING ENVIRONMENTAL PERMITS	40 41 42 47 - 81
The Made of the State of the St	from Proposed Sources)
N I, L, O, O, O, 1, 6, 1, 9, 9 P	
16 - 30 (5 (6 17 ) [	R (specify)
+ <del></del>	0.7.3. (specify) U. 7.3. (specify) U. 7.3. (specify)
16 17 18 30 15 16 17 18	100/136/ 406/01/ 16/10
C. RCHA (Hazardous Wastes) E. OTHE	R (specify)
R 9 9 1 16 17 18 30 15 16 17 18	See attached.
	- 301
I. MAP	
Attach to this application a topographic map of the area extending to the outline of the facility, the location of each of its existing and p treatment, storage, or disposal facilities, and each well where it inje	o at least one mile beyond property bounderies. The map must show roposed intake and discharge structures, each of its hazardous waste cts fluids underground. Include all springs, rivers and other surface
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## Other Illinois EPA permits: (AIR)

- 1) 02100318
- 2) 02100319
- 3) 02100320
- 4) 02100321
- 5) 02100322
- 6) 021000323
- 7) 06100074
- 8) 06100075
- 9) 09050028
- 10) 09090016
- 11) C904027

HAZARDOUS WASTE PEHMI Consolidated Permits Pro	T APPLICATION						
APPLICATION DATE RECEIVED	COMMENTS 11.089813588						
APPROVED (x, pio, & day)	10001113564						
H, FIRST OR REVISED APPLICATION							
Place an "X" in the appropriate box in A or B below <i>Imark one box only!</i> to indrewised application. If this is your list application and you already know your fEPA I.D. Number in Item Labove.	acility's EPA I.D. Number, or if this is a revised application, enter your facility's						
A. FIRST APPLICATION (place an "X" below and provide the appropriate  [X 1. EXISTING FACILITY (See instructions for definition of "existing")  Complete item below.)  [X 1. Ex. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	facility. [] 2. NEW FACILITY (Complete item below.)  FOR NEW FACILITIE:						
S 6 5 POPERATION BEGAN OR THE DATE CONSTR (use the boxes to the left)  13 17 18 B. REVISED APPLICATION (place an "X" below and complete Item I abo	UCTION COMMENCED TION BEGAN OR IS TOO BEGAN OR IS EXPECTED TO BEGIN						
1. FACILITY HAS INTERIM STATUS	2. FACILITY HAS A RCRA PERMIT						
III. PROCESSES — CODES AND DESIGN CAPACITIES	the state of the s						
<ul> <li>A. PROCESS CODE — Enter the code from the list of process codes below that entering codes. If more lines are needed, enter the code(s) in the space providescribe the process (including its design capacity) in the space provided on the process DESIGN CAPACITY — For each code entered in column A enter</li> </ul>	ded. If a process will be used that is not included in the list of codes below, then he form (Item III-C):						
<ol> <li>AMOUNT – Enter the amount.</li> <li>UNIT OF MEASURE – For each amount entered in column B(1), enter measure used. Only the units of measure that are listed below should be</li> </ol>	used.						
PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS CODE DESIGN CAPACITY	PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS						
PROCESS CODE DESIGN CAPACITY  Storage:	PROCESS CODE DESIGN CAPACITY  Treatment:						
CONTAINER (borrel, drum, etc.) 501 GALLONS OR LITERS TANK 502 GALLONS OR LITERS WASTE PILE 503 CUDIC YARDS OR	TANK TOI GALLONS PER DAY OR LITERS PER DAY SURFACE IMPOUNDMENT TO2 GALLONS PER DAY OR						
SURFACE IMPOUNDMENT 504 GALLONS OR LITERS	LITERS PER DAY INCINERATOR TOS TONS PER HOUR OR						
Dienocal INJECTION WELL D79 GALLONS OR LITERS	METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR						
LANDFILL D80 ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR	OTHER (Use for physical, chemical, TOA GALLONS PER DAY OR thermal or biological treatment LITERS PER DAY processes not occurring in tanks.						
HECTARE-METER LAND APPLICATION D81 ACRES OR HECTARES	surface impoundments or incinerators. Describe the processes in						
OCEAN DISPOSAL D82 GALLONS PER DAY OR LITERS PER DAY SURFACE IMPOUNDMENT D83 GALLONS OR LITERS	the space provided; Item III-C.)						
UNIT OF	UNIT OF UNIT						
MEASURE UNIT OF MEASURE  UNIT OF MEASURE CODE UNIT OF MEASURE							
GALLONS	D HECTARE-METER						
BIC METERS GALLONS PER HOL	HOUR. W ACRES						
EXAMPLE FOR COMPLETING ITEM III Ishown in line numbers X-1 and X-2 other can hold 400 gallons. The facility also has an incinerator that can burn up	below). A facility has two storage tanks, one tank can hold 200 callons and the						
5 17/4 6 1	o to 20 garrons per nour.						
E A. PRO- B. PROCESS DESIGN CAPACITY CESS 2 UNIT FOR	A. PRO B. PROCESS DESIGN CAPACITY FOR						
	CODE 1. AMOUNT SURE USE						
Z above) (coder Code)	UZ (cac)						
X-1 S 0 2 600 G	5   16 - 18   19						
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iV. I	г			7	N OF HAZARDOUS WAS				iued)					يسر ومداعة للخاد		DOCTORS AND				
LINE NO.	l H /	37		O. O	B. ESTIMATED ANNUA QUANTITY OF WASTE	LO	C. UTHT OF MEA- SURE (cufer code)		1. PROCESS CODES  (enter)  27 - 29   27 - 28   27 - 29   12 - 29							D. PROCESSES  2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
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FACILITY DRAWING					<del></del>	<del></del>		7.77
and the second s	naga 5 a coala des	wing of the facility (se	o instructions for m	ari dat				
1. PHOTOGRAPHS	rage 5 a scale dra	tring of the facility 130	e instructions for in	ore uet	<del></del>		<del></del>	-
	والمسابقة والمعالمة فيعطينا معيانية							
All existing facilities must include photographs (aeria						cisting st	orage,	
treatment and disposal areas; and sites of future stor	age, treatment	or disposal areas (s	ee instructions for	more	detair).		<del></del>	<del></del>
II. FACILITY GEOGRAPHIC LOCATION	والقمام فيقامنها فاختطار الايهار	ستبعظ وبتلعثه فتأهمت بصديد	وينس منحم وسيت دونان والدار تبيياه	سينتسب	د و اقدا سادات	غيبك والممثب	شاه لتمامة	
LATITUDE (degrees, minutes, & seconds)	<u> </u>		LONGITUDE (der	recs, mi	nulcs. &	seconds)	·	
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65 66 67 55 EF - 71	شكارة بالاشتخاصة ويطلعن وبالمسك	· ·	72 - 74	125 76	1 27 -	79	سو زېد د همو د وت	الدر كالانتاجات
III. FACILITY OWNER	والمستوال المراكعية	وللمال والمالة والمالة والمالة والمالة والمالة والمالة والمالة	والتعليمية (11 كورها معامية 8 معاملة	بالمسمعي			والماسيسين	معاشد دعم
A. If the facility owner is also the facility operator as I	isted in Section \	/III on Form 1, "Gen	eral Information", p	lace an	"X" in t	ne box to	the left a	and
skip to Section IX below.		•		·				
8. If the facility owner is not the facility operator as li	isted in Section \	'Ill on Form 1, compl	ete the following it	ems:				
				··· •				
1. NAME OF FACIL	ITY'S LEGAL (	WNER	<u> </u>		2. PHO	NE NO.	area cod	c & no.)
1. NAME OF FACIL	ITY'S LEGAL (	WNER	<del></del>		Z. PHO	NE NO.	area cod	c & no.)
1. NAME OF FACIL	LITY'S LEGAL (	WNER	· · · · · · · · · · · · · · · · · · ·	55		NE NO. (	61   62	c & no.)
1. NAME OF FACIL		WNER  4. CITY OR T	OWN	55 5. S	56 - 58	39	erea code	c & no.)
16	C C		OWN		56 - 58	39	61 62	c & no.)
16			OWN		56 59 T.	39	61 62	c & no.)
16			OWN	5. S	56 59 T.	39	61 62	c & no.)
3. STREET OR P.O. BOX	G G 45 (15) 15	4. CITY OR T	and the control of th	5. S	56 58 T.	6. 28	P CODE	
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E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(I) ON PAGE 3.

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EPA Form 3510-3 (6-80)

## ADDENDUM TO ITEM XI - FORM 1

Source: U. S. Dept. of Interior, Geological Survey Map Channahon Quadrangle, Illinois

## Legal boundries of the facility:

Latitude: 40 degrees, 25 minutes, 10 séconds

Longitude: 88 degrees, 11 minutes, 50 seconds

Scale of Map: 1:24,000

## Quarter Section:

Section: 21

Township: Channahon

Range:

P.M.: East of third.

Key to the topographic map: (See item V - Form 3 for details).

- (1) Intake of water for process use only. Drinking water for plant is purchased from Hinckley and Schmidt Bottling Company.
- (2) Discharge of treated water from waste treatment plant to Des Plaines River.
- (II) Treatment facility.
- (DW) Drinking water well.

Surface water body in area: Des Plaines River

Drinking water wells within 1/4 mile of the facility that we know of:

Approximately 1/4 mile from the plant's northwest boundry limits is a single family dwelling with a drinking water well.

